

Fill in this information to identify your case:

Debtor 1 **Kevin Wilson Leafblad**
First Name Middle Name Last Name

Debtor 2 **Jodi Michelle Leafblad**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **EASTERN DISTRICT OF WISCONSIN**

Case number **19-26537**
(if known)

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)		
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$	275,775.00
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$	58,664.00
1c. Copy line 63, Total of all property on Schedule A/B.....	\$	334,439.00

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)		
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$	403,699.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)		
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$	0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$	30,991.00
Your total liabilities		\$ 434,690.00

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)		
Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$	10,508.00
5. Schedule J: Your Expenses (Official Form 106J)		
Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$	6,938.00

Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes
7. **What kind of debt do you have?**
- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **Kevin Wilson Leafblad**
Debtor 2 **Jodi Michelle Leafblad**

Case number (if known) **19-26537**

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ **13,667.00**

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

	Total claim
From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ 0.00
9g. Total. Add lines 9a through 9f.	\$ 0.00

Fill in this information to identify your case and this filing:

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First Name Middle Name Last Name

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(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **EASTERN DISTRICT OF WISCONSIN**

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Official Form 106A/B**Schedule A/B: Property****12/15**

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

☐ No. Go to Part 2.

☒ Yes. Where is the property?

1.1

15302 74th St.

Street address, if available, or other description

Kenosha WI 53142-0000

City State ZIP Code

Kenosha

County

What is the property? Check all that apply

- ☐ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other _____

Who has an interest in the property? Check one

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

FMV = Tax Assessed FMV of \$302,500 - [9% broker's fees and Closing Costs]

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?**\$275,775.00****Current value of the portion you own?****\$275,775.00**

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

HOMESTEAD

☒ **Check if this is community property**
(see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>**\$275,775.00****Part 2: Describe Your Vehicles**

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

Debtor 1 **Kevin Wilson Leafblad**
Debtor 2 **Jodi Michelle Leafblad**

Case number (if known) **19-26537**

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

☐ No

☒ Yes

3.1 Make: **Chevrolet**
Model: **Suburban**
Year: **2006**
Approximate mileage: **226,000**
Other information:
"worn out" "rusty"

Who has an interest in the property? Check one

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$1,000.00

\$1,000.00

3.2 Make: **GMC**
Model: **1500**
Year: **1978**
Approximate mileage: **42,000**
Other information:

Who has an interest in the property? Check one

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$11,750.00

\$11,750.00

3.3 Make: **Toyota**
Model: **Lindwiser**
Year: **1980**
Approximate mileage: **120,000**
Other information:
Not running; in pieces

Who has an interest in the property? Check one

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$500.00

\$500.00

3.4 Make: **Chevrolet**
Model: **Cruze**
Year: **2014**
Approximate mileage: **60,000**
Other information:

Who has an interest in the property? Check one

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$7,300.00

\$7,300.00

3.5 Make: **Chevrolet**
Model: **Tahoe**
Year: **2013**
Approximate mileage: **100,000**
Other information:

Who has an interest in the property? Check one

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$15,000.00

\$15,000.00

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

☒ No

☐ Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$35,550.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No

☒ Yes. Describe.....

Bed \$75; Night stand \$25; (2) desks \$100; (2) Dressers \$150; Bed \$75; Dresser \$40; Night stand \$20; (2) beds \$150; (2) Dressers \$50; Bed \$250; (2) night stands \$50; (2) Dressers \$150; Couch \$50; Tv stand \$25; (2) love seats \$100; Dining room table & chairs \$300; Dinette \$150; Couch \$100; Love seat \$125; Entertainment Center \$225; Coffee table \$25; End table \$15; Misc. items none of which is worth more than \$20 individually = \$1500

\$3,750.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

☒ Yes. Describe.....

(3) TVs \$150; TV \$300; TV \$60; TV \$500; X-Box \$40; DVD Player \$25; (2) iPads \$100; Printer \$50; (3) Cell Phones (\$0 value as Debtors are paying for them through their AT&T Contract)

\$1,225.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☐ No

☒ Yes. Describe.....

\$50 DVDS approx. 100; \$250 American Girl Dolls w/clothing

\$300.00

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☐ No

☒ Yes. Describe.....

(4) bikes \$300; Misc. Baseball equipment (children are in traveling league) \$600; misc. balls, etc. \$50; (3) golf sets \$300; Guitar \$50

\$1,000.00

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☒ No

☐ Yes. Describe.....

Debtor 1 **Kevin Wilson Leafblad**
Debtor 2 **Jodi Michelle Leafblad**

Case number (if known) **19-26537**

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe.....

Everyday clothing, shoes & accessories such as hats, scarves, etc.

\$1,000.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe.....

Diamond engagement/wedding rings; costume jewelry

\$3,000.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

☐ No

☒ Yes. Describe.....

1 - 2 year old Terrier, of sentimental value only, bowls & leashes

\$50.00

1 dog, spayed/neutered - only of emotional value; misc. leashes, bowls, bed etc.

\$75.00

14. Any other personal and household items you did not already list, including any health aids you did not list

☐ No

☒ Yes. Give specific information.....

(3) pairs of prescription glasses value =\$0; epi-pen \$100

\$100.00

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$10,500.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes.....

Cash on hand

\$116.00

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes.....

Institution name:

17.1. Checking	Johnson Bank	\$2,154.00
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17.2. Savings	Johnson Bank	\$1,043.00
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18. **Bonds, mutual funds, or publicly traded stocks**

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes..... Institution or issuer name:

19. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

☒ No

☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. **Government and corporate bonds and other negotiable and non-negotiable instruments**

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☐ No

☒ Yes. Give specific information about them

Issuer name:

The Debtors' children have 4 government savings bonds, face-value \$50 each. Bare-legal title.

\$0.00

21. **Retirement or pension accounts**

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☐ No

☒ Yes. List each account separately.

Type of account:

Institution name:

Pension

Husband has a retirement account with Local 150 Midwest Operating Engineers; Midwest Operating Engineers Retirement Enhancement Fund - defined benefit - value unknown as it will depend on hours worked and contract at time of filing

Unknown

22. **Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☐ No

☒ Yes.

Institution name or individual:

\$1000 security deposit with WE Energies; however, Debtors have not made timely payments and it is unlikely that they still have a deposit.

\$1,000.00

23. **Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes..... Issuer name and description.

24. **Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

Debtor 1 **Kevin Wilson Leafblad**
Debtor 2 **Jodi Michelle Leafblad**

Case number (if known) **19-26537**

25. **Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

- ☒ No
☐ Yes. Give specific information about them...

26. **Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

- ☒ No
☐ Yes. Give specific information about them...

27. **Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- ☐ No
☒ Yes. Give specific information about them...

Each Debtor has a drivers license; husband has a CDL license

\$0.00

Money or property owed to you?

**Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.

28. **Tax refunds owed to you**

- ☒ No
☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

29. **Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- ☒ No
☐ Yes. Give specific information.....

30. **Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- ☐ No
☒ Yes. Give specific information..

Retroactive pay

\$5,674.00

Banked Vacation Pay

\$2,318.00

31. **Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- ☐ No
☒ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund
value:

**Husband's union, Local 150 Midwest
Operating Engineers, provides medical,
vision and dental insurance through
Blue Cross - no value to anyone other
than debtors**

None.

\$0.00

**Debtors have car insurance through
Geico - of no economic value**

none

\$0.00

Debtor 1 **Kevin Wilson Leafblad**
Debtor 2 **Jodi Michelle Leafblad**

Case number (if known) **19-26537**

**Husband has term life insurance
provided by his union, Local 150
Midweest Operating Engineers**

Debtor 2

\$0.00

**Wife has term life insurance with
Northwestern Mutual**

Husband

\$0.00

**Husband has term life insurance with
Northwestern Mutual**

Wife

\$0.00

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No

☐ Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☒ No

☐ Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

☒ No

☐ Yes. Describe each claim.....

35. Any financial assets you did not already list

☐ No

☒ Yes. Give specific information..

Uncashed payroll check

\$309.00

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$12,614.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

☒ No. Go to Part 6.

☐ Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.

If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

☒ No. Go to Part 7.

☐ Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☒ No

☐ Yes. Give specific information.....

Debtor 1 **Kevin Wilson Leafblad**
Debtor 2 **Jodi Michelle Leafblad**

Case number (if known) **19-26537**

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2		\$275,775.00
56. Part 2: Total vehicles, line 5	\$35,550.00	
57. Part 3: Total personal and household items, line 15	\$10,500.00	
58. Part 4: Total financial assets, line 36	\$12,614.00	
59. Part 5: Total business-related property, line 45	\$0.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00	
61. Part 7: Total other property not listed, line 54	\$0.00	
	+	
62. Total personal property. Add lines 56 through 61...	\$58,664.00	Copy personal property total \$58,664.00
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$334,439.00

Fill in this information to identify your case:

Debtor 1	Kevin Wilson Leafblad		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Jodi Michelle Leafblad		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF WISCONSIN		
Case number (if known)	19-26537		

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
2006 Chevrolet Suburban 226,000 miles "worn out" "rusty" Line from <i>Schedule A/B</i> : 3.1	\$1,000.00	<input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(2)
1978 GMC 1500 42,000 miles Line from <i>Schedule A/B</i> : 3.2	\$11,750.00	<input checked="" type="checkbox"/> \$7,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(2)
1978 GMC 1500 42,000 miles Line from <i>Schedule A/B</i> : 3.2	\$11,750.00	<input checked="" type="checkbox"/> \$4,750.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
1980 Toyota Lindwiser 120,000 miles Not running; in pieces Line from <i>Schedule A/B</i> : 3.3	\$500.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
2014 Chevrolet Cruze 60,000 miles Line from <i>Schedule A/B</i> : 3.4	\$7,300.00	<input checked="" type="checkbox"/> \$7,300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Bed \$75; Night stand \$25; (2) desks \$100; (2) Dressers \$150; Bed \$75; Dresser \$40; Night stand \$20; (2) beds \$150; (2) Dressers \$50; Bed \$250; (2) night stands \$50; (2) Dressers \$150; Couch \$50; Tv stand \$25; (2) love seats \$100; Dining room table & chair Line from Schedule A/B: 6.1	<u>\$3,750.00</u>	<input checked="" type="checkbox"/> \$3,750.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
(3) TVs \$150; TV \$300; TV \$60; TV \$500; X-Box \$40; DVD Player \$25; (2) iPads \$100; Printer \$50; (3) Cell Phones (\$0 value as Debtors are paying for them through their AT&T Contract) Line from Schedule A/B: 7.1	<u>\$1,225.00</u>	<input checked="" type="checkbox"/> \$1,225.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
\$50 DVDS approx. 100; \$250 American Girl Dolls w/clothing Line from Schedule A/B: 8.1	<u>\$300.00</u>	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
(4) bikes \$300; Misc. Baseball equipment (children are in traveling league) \$600; misc. balls, etc. \$50; (3) golf sets \$300; Guitar \$50 Line from Schedule A/B: 9.1	<u>\$1,000.00</u>	<input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Everyday clothing, shoes & accessories such as hats, scarves, etc. Line from Schedule A/B: 11.1	<u>\$1,000.00</u>	<input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Diamond engagement/wedding rings; costume jewelry Line from Schedule A/B: 12.1	<u>\$3,000.00</u>	<input checked="" type="checkbox"/> \$3,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)
1 - 2 year old Terrier, of sentimental value only, bowls & leashes Line from Schedule A/B: 13.1	<u>\$50.00</u>	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
1 dog, spayed/neutered - only of emotional value; misc. leashes, bowls, bed etc. Line from Schedule A/B: 13.2	<u>\$75.00</u>	<input checked="" type="checkbox"/> \$75.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
(3) pairs of prescription glasses value = \$0; epi-pen \$100 Line from Schedule A/B: 14.1	<u>\$100.00</u>	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(9)
Cash on hand Line from Schedule A/B: 16.1	<u>\$116.00</u>	<input checked="" type="checkbox"/> \$116.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)

Debtor 1 **Kevin Wilson Leafblad**
Debtor 2 **Jodi Michelle Leafblad**

Case number (if known) **19-26537**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Checking: Johnson Bank Line from Schedule A/B: 17.1	\$2,154.00	<input checked="" type="checkbox"/> \$2,154.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Savings: Johnson Bank Line from Schedule A/B: 17.2	\$1,043.00	<input checked="" type="checkbox"/> \$1,043.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Pension: Husband has a retirement account with Local 150 Midwest Operating Engineers; Midwest Operating Engineers Retirement Enhancement Fund - defined benefit - value unknown as it will depend on hours worked and contract at time of filing Line from Schedule A/B: 21.1	Unknown	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(12)
\$1000 security deposit with WE Energies; however, Debtors have not made timely payments and it is unlikely that they still have a deposit. Line from Schedule A/B: 22.1	\$1,000.00	<input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Retroactive pay Line from Schedule A/B: 30.1	\$5,674.00	<input checked="" type="checkbox"/> \$5,674.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Banked Vacation Pay Line from Schedule A/B: 30.2	\$2,318.00	<input checked="" type="checkbox"/> \$2,318.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Husband has term life insurance provided by his union, Local 150 Midwest Operating Engineers Beneficiary: Debtor 2 Line from Schedule A/B: 31.3	\$0.00	<input checked="" type="checkbox"/> Unknown <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(7)
Wife has term life insurance with Northwestern Mutual Beneficiary: Husband Line from Schedule A/B: 31.4	\$0.00	<input checked="" type="checkbox"/> Unknown <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(7)
Husband has term life insurance with Northwestern Mutual Beneficiary: Wife Line from Schedule A/B: 31.5	\$0.00	<input checked="" type="checkbox"/> Unknown <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(7)
Uncashed payroll check Line from Schedule A/B: 35.1	\$309.00	<input checked="" type="checkbox"/> \$309.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)

Debtor 1 **Kevin Wilson Leafblad**
Debtor 2 **Jodi Michelle Leafblad**

Case number (if known) **19-26537**

3. **Are you claiming a homestead exemption of more than \$170,350?**

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

☒ No

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☐ No

☐ Yes

Fill in this information to identify your case:

Debtor 1 **Kevin Wilson Leafblad**
First Name Middle Name Last Name

Debtor 2 **Jodi Michelle Leafblad**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: EASTERN DISTRICT OF WISCONSIN

Case number **19-26537**
(if known)

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1	Children's Health Systems <small>Creditor's Name</small> 9000 W. Wisconsin Ave. P.O. Box 1997 Milwaukee, WI 53201 <small>Number, Street, City, State & Zip Code</small>	\$640.00	\$0.00	\$640.00
Describe the property that secures the claim: <div>JUDGMENT ENTERED</div>				
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input checked="" type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)		2010SC004148, KENOSHA COUNTY		
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt				
Judgment Entered & Docketed 1/21/11				
Date debt was incurred		Last 4 digits of account number 4148		

Debtor 1 **Kevin Wilson Leafblad**

First Name Middle Name Last Name

Case number (if known)

19-26537

Debtor 2 **Jodi Michelle Leafblad**

First Name Middle Name Last Name

2.2 **Santander Consumer Usa Inc.**

Creditor's Name

**Attn: Bankruptcy
PO Box 961245
Fort Worth, TX
76161-1245**

Number, Street, City, State & Zip Code

Describe the property that secures the claim:

\$24,332.00

\$15,000.00

\$9,332.00

2013 Chevrolet Tahoe 100,000 miles

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Nature of lien. Check all that apply.

☒ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☐ Other (including a right to offset)

Who owes the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim relates to a community debt

Opened
05/18 Last
Active

Date debt was incurred **3/29/19**

Last 4 digits of account number **1000**

2.3 **Selene Finance**

Creditor's Name

**Attn: Bankruptcy
PO Box 422039
Houston, TX 77042**

Number, Street, City, State & Zip Code

Describe the property that secures the claim:

\$374,627.00

\$275,775.00

\$98,852.00

**15302 74th St. Kenosha, WI 53142
Kenosha County
FMV = Tax Assessed FMV of
\$302,500 - [9% broker's fees and
Closing Costs]**

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Nature of lien. Check all that apply.

☒ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☒ Other (including a right to offset)

Mortgage

Who owes the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Opened
6/29/07 Last
Active

Date debt was incurred **9/19/18**

Last 4 digits of account number **0044**

Debtor 1 **Kevin Wilson Leafblad**
First Name Middle Name Last Name
Debtor 2 **Jodi Michelle Leafblad**
First Name Middle Name Last Name

Case number (if known) **19-26537**

2.4	Strawberry Creek of Kenosha Creditor's Name c/o Husch Blackwell LLP 555 E. Wells Street, Ste. 1900 Milwaukee, WI 53202 Number, Street, City, State & Zip Code	Describe the property that secures the claim: 15302 74th St. Kenosha, WI 53142 Kenosha County FMV = Tax Assessed FMV of \$302,500 - [9% broker's fees and Closing Costs] As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input checked="" type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)	\$658.00	\$275,775.00	\$658.00
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____ Last 4 digits of account number 0145					

2.5	Strawberry Creek of Kenosha Creditor's Name c/o Husch Blackwell LLP 555 E. Wells Street, Ste. 1900 Milwaukee, WI 53202 Number, Street, City, State & Zip Code	Describe the property that secures the claim: 15302 74th St. Kenosha, WI 53142 Kenosha County FMV = Tax Assessed FMV of \$302,500 - [9% broker's fees and Closing Costs] As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input checked="" type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)	\$672.00	\$275,775.00	\$672.00
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____ Last 4 digits of account number 0170					

Debtor 1 **Kevin Wilson Leafblad**
First Name Middle Name Last Name
Debtor 2 **Jodi Michelle Leafblad**
First Name Middle Name Last Name

Case number (if known) **19-26537**

2.6	Strawberry Creek of Kenosha Creditor's Name c/o Husch Blackwell LLP 555 E. Wells Street, Ste. 1900 Milwaukee, WI 53202 Number, Street, City, State & Zip Code	Describe the property that secures the claim: 15302 74th St. Kenosha, WI 53142 Kenosha County FMV = Tax Assessed FMV of \$302,500 - [9% broker's fees and Closing Costs] As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input checked="" type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____	\$351.00	\$275,775.00	\$351.00
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____ Last 4 digits of account number 0010					

2.7	Strawberry Creek of Kenosha Creditor's Name c/o Husch Blackwell LLP 555 E. Wells Street, Ste. 1900 Milwaukee, WI 53202 Number, Street, City, State & Zip Code	Describe the property that secures the claim: 15302 74th St. Kenosha, WI 53142 Kenosha County FMV = Tax Assessed FMV of \$302,500 - [9% broker's fees and Closing Costs] As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input checked="" type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____	\$559.00	\$275,775.00	\$559.00
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____ Last 4 digits of account number 0012					

Debtor 1 **Kevin Wilson Leafblad**

First NameMiddle NameLast Name

Case number (if known) **19-26537**

Debtor 2 **Jodi Michelle Leafblad**

First NameMiddle NameLast Name

2.8

Strawberry Creek of Kenosha

Creditor's Name

c/o Husch Blackwell LLP
555 E. Wells Street, Ste. 1900
Milwaukee, WI 53202

Number, Street, City, State & Zip Code

Describe the property that secures the claim:

15302 74th St. Kenosha, WI 53142
Kenosha County
FMV = Tax Assessed FMV of \$302,500 - [9% broker's fees and Closing Costs]

As of the date you file, the claim is: Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset)

\$1,860.00

\$275,775.00

\$1,860.00

On going HOA Fees

Who owes the debt? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim relates to a community debt

Date debt was incurred

Last 4 digits of account number

Add the dollar value of your entries in Column A on this page. Write that number here:	\$403,699.00
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:	\$403,699.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

☐ Name, Number, Street, City, State & Zip Code

Gray & Associates
Attorneys at Law
16345 West Glendale Drive
New Berlin, WI 53151

On which line in Part 1 did you enter the creditor? **2.3**

Last 4 digits of account number **0608**

☐ Name, Number, Street, City, State & Zip Code

Husch Blackwell LLP
555 E Wells Street, #1900
Milwaukee, WI 53202

On which line in Part 1 did you enter the creditor? **2.4**

Last 4 digits of account number **0145**

☐ Name, Number, Street, City, State & Zip Code

Husch Blackwell LLP
555 E Wells Street, #1900
Milwaukee, WI 53202

On which line in Part 1 did you enter the creditor? **2.5**

Last 4 digits of account number **0170**

☐ Name, Number, Street, City, State & Zip Code

Husch Blackwell LLP
555 E Wells Street, #1900
Milwaukee, WI 53202

On which line in Part 1 did you enter the creditor? **2.6**

Last 4 digits of account number **0010**

☐ Name, Number, Street, City, State & Zip Code

Husch Blackwell LLP
555 E Wells Street, #1900
Milwaukee, WI 53202

On which line in Part 1 did you enter the creditor? **2.7**

Last 4 digits of account number **0012**

Official Form 106D

Additional Page of **Schedule D: Creditors Who Have Claims Secured by Property**

page 5 of 6

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Best Case Bankruptcy

Case 19-26537-beh Doc 12 Filed 07/16/19 Page 19 of 48

Debtor 1 **Kevin Wilson Leafblad**
First Name Middle Name Last Name

Debtor 2 **Jodi Michelle Leafblad**
First Name Middle Name Last Name

Case number (if known) 19-26537



Name, Number, Street, City, State & Zip Code
Kohn Law Firm S.C.
735 N. Water St., Suite 1300
Milwaukee, WI 53202-4106

On which line in Part 1 did you enter the creditor? 2.1

Last 4 digits of account number 4148

Fill in this information to identify your case:

Debtor 1 **Kevin Wilson Leafblad**
First Name Middle Name Last Name

Debtor 2 **Jodi Michelle Leafblad**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: EASTERN DISTRICT OF WISCONSIN

Case number **19-26537**
(if known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	Internal Revenue Service <small>Priority Creditor's Name</small> Centralized Insolvency Operations P.O. Box 7346 Philadelphia, PA 19101-7346 <small>Number Street City State Zip Code</small>	Last 4 digits of account number	\$0.00	\$0.00
	When was the debt incurred? Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____		

NOTICE ONLY

Debtor 1 **Kevin Wilson Leafblad**
Debtor 2 **Jodi Michelle Leafblad**

Case number (if known) **19-26537**

2.2	MICHELSON LAW OFFICE <small>Priority Creditor's Name</small> 617 - 6TH STREET RACINE, WI 53401-0067 <small>Number Street City State Zip Code</small>	Last 4 digits of account number _____ \$0.00 \$0.00 \$0.00
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred? <u>JUNE 2019</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ LEGAL FEES - \$3,910

2.3	Wisconsin Dept. of Revenue <small>Priority Creditor's Name</small> Special Procedures Unit P.O. Box 8901 Madison, WI 53708-8901 <small>Number Street City State Zip Code</small>	Last 4 digits of account number _____ \$0.00 \$0.00 \$0.00
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ NOTICE ONLY

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Debtor 1 **Kevin Wilson Leafblad**
Debtor 2 **Jodi Michelle Leafblad**

Case number (if known) **19-26537**

4.1

Anesthesiology Associates of Wisconsin

Nonpriority Creditor's Name
**225 S. Executive Drive
Brookfield, WI 53005-4266**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **\$79.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **MEDICAL SERVICES**

4.2

AT&T

Nonpriority Creditor's Name
**c/o Bankruptcy
4331 Communications Drive, Flr. 4W
Dallas, TX 75211**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **PHONE/CABLE/INTERNET SERVICE**

4.3

Aurora Advanced Healthcare

Nonpriority Creditor's Name
**PO Box 090996
Milwaukee, WI 53209**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **\$111.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **MEDICAL SERVICES**

Debtor 1 **Kevin Wilson Leafblad**
Debtor 2 **Jodi Michelle Leafblad**

Case number (if known) **19-26537**

4.4

Aurora Health Care Southern Lakes

Nonpriority Creditor's Name

Attn. Collections

P.O.Box 343910

Milwaukee, WI 53234

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$355.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **MEDICAL SERVICES**

4.5

Aurora Medical Group

Nonpriority Creditor's Name

Attn: Collections

P.O. Box 343910

Milwaukee, WI 53234

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$309.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **MEDICAL SERVICES**

4.6

ChexSystems

Nonpriority Creditor's Name

Attn: Consumer Relations

7805 Hudson Rd. Ste 100

Woodbury, MN 55125-1595

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **NOTICE ONLY**

Debtor 1 **Kevin Wilson Leafblad**
Debtor 2 **Jodi Michelle Leafblad**

Case number (if known) **19-26537**

4.7

Children's Dental Care of Kenosha

Nonpriority Creditor's Name

**2901 35th Street
Kenosha, WI 53140**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ **Check if this claim is for a community debt**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$270.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **DENTAL WORK**

4.8

Children's Hospital of Wisconsin

Nonpriority Creditor's Name

**Attn: Bankruptcy
9000 W. Wisconsin Avenue
P.O. Box 1997
Milwaukee, WI 53201**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ **Check if this claim is for a community debt**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

Several

\$1,056.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **MEDICAL SERVICES**

4.9

CitiMortgage, Inc.

Nonpriority Creditor's Name

**Attn: Bankruptcy
P.O. Box 140609
Irving, TX 75014-0609**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ **Check if this claim is for a community debt**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

1996

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **NOTICE ONLY**

Debtor 1 **Kevin Wilson Leafblad**
Debtor 2 **Jodi Michelle Leafblad**

Case number (if known) **19-26537**

4.1
0

Early Warning Services

Nonpriority Creditor's Name
**16552 North 90th Street #100
Scottsdale, AZ 85260**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____

\$0.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **NOTICE ONLY**

4.1
1

Equifax Information Services LLC

Nonpriority Creditor's Name

**P.O. Box 740256
Atlanta, GA 30374-0256**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____

\$0.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **NOTICE ONLY**

4.1
2

Experian

Nonpriority Creditor's Name

**Attn: Bankruptcy
955 American Lane
Schaumburg, IL 60173-4983**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____

\$0.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **NOTICE ONLY**

Debtor 1 **Kevin Wilson Leafblad**
Debtor 2 **Jodi Michelle Leafblad**

Case number (if known) **19-26537**

4.1
3

Froedert South Inc

Nonpriority Creditor's Name

**6308 - 8th Avenue
Kenosha, WI 53143**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number **Several**

\$24,901.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **MEDICAL SERVICES**

4.1
4

Great Lakes Pathologists, SC

Nonpriority Creditor's Name

**Attn: Bankruptcy
P.O. Box 78420
Milwaukee, WI 53278-0420**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number

\$64.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **MEDICAL SERVICES**

4.1
5

Kenosha Emergency Physicians

Nonpriority Creditor's Name

**111 E. Wisconsin Ave, #2000
Milwaukee, WI 53202**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number

\$1,013.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **MEDICAL SERVICES**

Debtor 1 **Kevin Wilson Leafblad**
Debtor 2 **Jodi Michelle Leafblad**

Case number (if known) **19-26537**

4.1
6

Kenosha Pathology Consultants

Nonpriority Creditor's Name

6308 - 8th Avenue

Kenosha, WI 53143

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$125.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **MEDICAL SERVICES**

4.1
7

Kenosha Urgicare

Nonpriority Creditor's Name

Attn: Bankruptcy

6430 Green Bay Road, Ste. 104

Kenosha, WI 53142

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$172.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **MEDICAL SERVICES**

4.1
8

Medical College of Wisconsin

Nonpriority Creditor's Name

Childrens Specialty Group

P.O.Box 13367

Milwaukee, WI 53213

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$1,042.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **MEDICAL SERVICES**

Debtor 1 **Kevin Wilson Leafblad**
Debtor 2 **Jodi Michelle Leafblad**

Case number (if known) **19-26537**

4.1
9

**Midwest Physicians
Anesthesiology**

Nonpriority Creditor's Name
Services, SC

**Attn: Bankruptcy
BIN 88871**

Milwaukee, WI 53288-0001

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ **Check if this claim is for a community
debt**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$278.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **MEDICAL SERVICES**

4.2
0

**MTGLQ Investors c/o Selene
Finance**

Nonpriority Creditor's Name

**14221 Dallas Parkway, Ste. 1000
Dallas, TX 75254**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ **Check if this claim is for a community
debt**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **0608**

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **NOTICE ONLY**

4.2
1

Oral Maxillofacial Surgeons

Nonpriority Creditor's Name

202 S Greenleaf Street, Suite A

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ **Check if this claim is for a community
debt**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$923.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **DENTAL WORK**

Debtor 1 **Kevin Wilson Leafblad**
Debtor 2 **Jodi Michelle Leafblad**

Case number (if known) **19-26537**

4.2
2

Strawberry Creek of Kenosha

Nonpriority Creditor's Name

14810 72nd Street

Kenosha, WI 53142

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number _____

\$0.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **MEMBERSHIP DUES**

4.2
3

TeleCheck, Inc.

Nonpriority Creditor's Name

Attn: Bankruptcy Department

P.O. Box 4451

Houston, TX 77210-4451

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number _____

\$0.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **NOTICE ONLY**

4.2
4

The Surgery Center LLC

Nonpriority Creditor's Name

3111 West Rawson Avenue, Suite

100

Franklin, WI 53132

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number _____

\$293.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **MEDICAL SERVICES**

Debtor 1 **Kevin Wilson Leafblad**
Debtor 2 **Jodi Michelle Leafblad**

Case number (if known) **19-26537**

4.2
5

Trans Union Corporation

Last 4 digits of account number _____

\$0.00

Nonpriority Creditor's Name

P.O. Box 2000

Crum Lynne, PA 19022-2002

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **NOTICE ONLY**

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

Alliance Collection Agencies

Attn: Bankruptcy

PO Box 1267

Marshfield, WI 54449

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.4** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

6224

Name and Address

Alliance Collection Agencies

Attn: Bankruptcy

PO Box 1267

Marshfield, WI 54449

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.3** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

2683

Name and Address

Americollect, Inc.

P.O.Box 1566

1851 S. Alverno Road

Manitowoc, WI 54221-1566

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.16** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

9130

Name and Address

Americollect, Inc.

P.O.Box 1566

1851 S. Alverno Road

Manitowoc, WI 54221-1566

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.17** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

778A

Name and Address

Choice Recovery

Attn: Bankruptcy

1550 Old Henderson Road, Suite

100-S

Columbus, OH 43220

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.21** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

7607

Name and Address

Collection Associates, Ltd.

225 S. Executive Drive, Ste. 250

Brookfield, WI 53005

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.1** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

6519

Debtor 1 **Kevin Wilson Leafblad**
Debtor 2 **Jodi Michelle Leafblad**

Case number (if known) **19-26537**

Name and Address
Collection Associates, Ltd.
225 S. Executive Drive, Ste. 250
Brookfield, WI 53005

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.19** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

4516

Name and Address
Credit Management Control
PO Box 1654
Manitowoc, WI 54220

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.7** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

9467

Name and Address
Falls Collection Service
Attn: Bankruptcy
N114 W19225 Clinton Drive
Germantown, WI 53022

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.24** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

697A

Name and Address
Gray & Associates
Attorneys at Law
16345 West Glendale Drive
New Berlin, WI 53151

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.20** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0608

Name and Address
Johnson, Blumberg & Associates
LLC
633 W. Wisconsin Avenue, Ste. 408
Milwaukee, WI 53203-1907

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.9** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

1996

Name and Address
OAC
Attn: Bankruptcy
PO Box 500
Baraboo, WI 53913-0500

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

23X5

Name and Address
Oliver Adjustment Co. of
Racine/Kenosha
3416 Roosevelt Road.
Kenosha, WI 53142-3937

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.13** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Several

Name and Address
Professional Placement Services,
LLC
Attn: Bankruptcy/Crissy
P.O. Box 612
Milwaukee, WI 53201-0612

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.5** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

3948

Name and Address
Professional Placement Services,
LLC
Attn: Bankruptcy/Crissy
P.O. Box 612
Milwaukee, WI 53201-0612

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.4** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

7020

Name and Address
State Collection Service, Inc.

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.8** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

Debtor 1 **Kevin Wilson Leafblad**
Debtor 2 **Jodi Michelle Leafblad**

Case number (if known) **19-26537**

Attn: Bankruptcy
2509 Stoughton Rd.
PO Box 6250
Madison, WI 53716-0250

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **Several**

Name and Address
State Collection Service, Inc.
Attn: Bankruptcy
2509 Stoughton Rd.
PO Box 6250
Madison, WI 53716-0250

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.15** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **1533,4221**

Name and Address
State Collection Service, Inc.
Attn: Bankruptcy
2509 Stoughton Rd.
PO Box 6250
Madison, WI 53716-0250

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.18** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **2412,2413**

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

			Total Claim
Total claims from Part 1	6a. Domestic support obligations	6a.	\$ 0.00
	6b. Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
Total claims from Part 2	6f. Student loans	6f.	\$ 0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 30,991.00
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 30,991.00

Fill in this information to identify your case:

Debtor 1 **Kevin Wilson Leafblad**
First Name Middle Name Last Name

Debtor 2 **Jodi Michelle Leafblad**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **EASTERN DISTRICT OF WISCONSIN**

Case number **19-26537**
(if known)

☐ Check if this is an amended filing

Official Form 106G**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. **Do you have any executory contracts or unexpired leases?**
☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).
2. **List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code		State what the contract or lease is for
2.1	AT&T c/o Bankruptcy 4331 Communications Drive, Flr. 4W Dallas, TX 75211	Cell Phone Contract Two years 3/2019 - 2/2021
2.2	Strawberry Creek of Kenosha c/o Husch Blackwell LLP 555 E. Wells Street, Ste. 1900 Milwaukee, WI 53202	Club House Membership

Fill in this information to identify your case:

Debtor 1 **Kevin Wilson Leafblad**
First Name Middle Name Last Name

Debtor 2 **Jodi Michelle Leafblad**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **EASTERN DISTRICT OF WISCONSIN**

Case number **19-26537**
(if known)

☐ Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- ☒ No
☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☐ No. Go to line 3.
☒ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

- ☐ No
☒ Yes.

In which community state or territory did you live? **-NONE-** . Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent
Number, Street, City, State & Zip Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Name, Number, Street, City, State and ZIP Code

3.1

Name _____

Number Street
City State ZIP Code

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

- ☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

3.2

Name _____

Number Street
City State ZIP Code

- ☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

Fill in this information to identify your case:

Debtor 1 Kevin Wilson Leafblad

Debtor 2 Jodi Michelle Leafblad
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF WISCONSIN

Case number 19-26537
(If known)

Check if this is:

- ☐ An amended filing
☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status*

Occupation

Employer's name

Employer's address

Debtor 1

- ☒ Employed
☐ Not employed

Supervisor

DK Contractors Inc.

11013 - 122nd Street
Pleasant Prairie, WI 53158

Debtor 2 or non-filing spouse

- ☒ Employed
☐ Not employed

Secretary

Barbara J. Swanson Law Office

4473 Old Grand Ave.
Gurnee, IL 60031

How long employed there?

4 years

8 years

*See Attachment for Additional Employment Information

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ <u>5,720.00</u>	\$ <u>2,309.00</u>
3. Estimate and list monthly overtime pay.	+\$ <u>5,638.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	\$ <u>11,358.00</u>	\$ <u>2,309.00</u>

	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	4. \$ 11,358.00	\$ 2,309.00	
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a. \$ 2,339.00	\$ 479.00	
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00	
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00	
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00	
5e. Insurance	5e. \$ 0.00	\$ 0.00	
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00	
5g. Union dues	5g. \$ 341.00	\$ 0.00	
5h. Other deductions. Specify:	5h.+ \$ 0.00	\$ 0.00	
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 2,680.00	\$ 479.00	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 8,678.00	\$ 1,830.00	
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00	
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00	
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00	
8e. Social Security	8e. \$ 0.00	\$ 0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00	
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00	
8h. Other monthly income. Specify:	8h.+ \$ 0.00	\$ 0.00	
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 0.00	\$ 0.00	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 8,678.00 + \$ 1,830.00 = \$ 10,508.00		
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:			11. +\$ 0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies			12. \$ 10,508.00 Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain:			

Debtor 1 **Kevin Wilson Leafblad**
Debtor 2 **Jodi Michelle Leafblad**

Case number (if known) **19-26537**

Official Form B 6I
Attachment for Additional Employment Information

Spouse	
Occupation	Manager
Name of Employer	Rivals Sports Pub & Grill
How long employed	2 years
Address of Employer	6325 120th Ave, Kenosha, WI 53142

Fill in this information to identify your case:

Debtor 1 Kevin Wilson Leafblad

Debtor 2 Jodi Michelle Leafblad
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF WISCONSIN

Case number 19-26537
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☒ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Do not state the dependents names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Son

9

☐ No

☒ Yes

Son

12

☐ No

☒ Yes

Daughter

13

☐ No

☒ Yes

Daughter

20

☐ No

☒ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,634.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 100.00

4d. Homeowner's association or condominium dues

4d. \$ 22.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Kevin Wilson Leafblad**
Debtor 2 **Jodi Michelle Leafblad**

Case number (if known) **19-26537**

6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ <u>225.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>53.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>752.00</u>
6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. Food and housekeeping supplies	7. \$ <u>1,350.00</u>
8. Childcare and children's education costs	8. \$ <u>225.00</u>
9. Clothing, laundry, and dry cleaning	9. \$ <u>640.00</u>
10. Personal care products and services	10. \$ <u>150.00</u>
11. Medical and dental expenses	11. \$ <u>300.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>485.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ <u>250.00</u>
14. Charitable contributions and religious donations	14. \$ <u>0.00</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <u>0.00</u>
15b. Health insurance	15b. \$ <u>0.00</u>
15c. Vehicle insurance	15c. \$ <u>302.00</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. \$ <u>0.00</u>
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c. Other. Specify: _____	17c. \$ <u>0.00</u>
17d. Other. Specify: _____	17d. \$ <u>0.00</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ <u>0.00</u>
19. Other payments you make to support others who do not live with you. Specify: _____	\$ <u>0.00</u>
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>
21. Other: Specify: PET CARE	21. +\$ <u>50.00</u>
MAINTENANCE FOR OLDER VEHICLES	+\$ <u>400.00</u>
22. Calculate your monthly expenses	
22a. Add lines 4 through 21.	\$ <u>6,938.00</u>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ _____
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ <u>6,938.00</u>
23. Calculate your monthly net income.	
23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.	23a. \$ <u>10,508.00</u>
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>6,938.00</u>
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ <u>3,570.00</u>
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?	
<input checked="" type="checkbox"/> No.	
<input type="checkbox"/> Yes. Explain here: _____	

Fill in this information to identify your case:

Debtor 1 **Kevin Wilson Leafblad**
First Name Middle Name Last Name

Debtor 2 **Jodi Michelle Leafblad**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: EASTERN DISTRICT OF WISCONSIN

Case number **19-26537**
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Kevin Wilson Leafblad
Kevin Wilson Leafblad
Signature of Debtor 1

Date July 16, 2019

X /s/ Jodi Michelle Leafblad
Jodi Michelle Leafblad
Signature of Debtor 2

Date July 16, 2019

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,
and

Your debts are primarily consumer debts.
Consumer debts are defined in 11 U.S.C.
§ 101(8) as "incurred by an individual
primarily for a personal, family, or
household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under
one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan
for family farmers or
fishermen

Chapter 13 - Voluntary repayment plan
for individuals with regular
income

**You should have an attorney review your
decision to file for bankruptcy and the choice of
chapter.**

Chapter 7: Liquidation

\$245 filing fee

\$75 administrative fee

+ \$15 trustee surcharge

\$335 total fee

Chapter 7 is for individuals who have financial
difficulty preventing them from paying their debts
and who are willing to allow their nonexempt
property to be used to pay their creditors. The
primary purpose of filing under chapter 7 is to have
your debts discharged. The bankruptcy discharge
relieves you after bankruptcy from having to pay
many of your pre-bankruptcy debts. Exceptions exist
for particular debts, and liens on property may still
be enforced after discharge. For example, a creditor
may have the right to foreclose a home mortgage or
repossess an automobile.

However, if the court finds that you have committed
certain kinds of improper conduct described in the
Bankruptcy Code, the court may deny your
discharge.

You should know that even if you file chapter 7 and
you receive a discharge, some debts are not
discharged under the law. Therefore, you may still
be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement
obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form—the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

	\$1,167	filing fee
+	\$550	administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:
http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:
http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to:
<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court
Eastern District of Wisconsin

In re **Kevin Wilson Leafblad**
Jodi Michelle Leafblad

Debtor(s)

Case No. **19-26537**

Chapter **13**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>4,500.00</u>
Prior to the filing of this statement I have received	\$	<u>590.00</u>
Balance Due	\$	<u>3,910.00</u>

2. \$ **310.00** of the filing fee has been paid.

3. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

4. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

The base fee of \$4,500 shall include the following services: analysis of debtors' financial situation and determination of appropriate chapter for filing. Timely preparation and filing of petition, schedules, statement of financial affairs, Chapter 13 Plan, all amendments (not subject to court fees) and all required documents pursuant to the Bankruptcy Code and Local Rules prior to confirmation; Service of copies of all filed Plans to all creditors and interested parties; Explanation to debtors regarding debtors' responsibilities, including, but not limited to, payments and attendance at the Sec. 341 meeting of creditors; Preparation for and legal representation at all Sec. 341 meeting of creditors; Preparation of and legal representation at all necessary pre-confirmation motions brought on behalf of debtors. Review of all proofs of claim; objection to all improper or invalid proofs of claim; Preparation for and legal representation at all confirmation hearings; Preparation, filing and service of notices of voluntary dismissals.

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Client agrees that services are separately billed and the fee charges is a "presumed reasonable fee". Attorney fees are calculated on an hourly basis at the firm's standard hourly rate in effect at the time additional services are provided, currently \$285.

If the case requires extraordinary work above and beyond the presumed reasonable fees quoted above for both pre-confirmation and post-confirmation services, Attorney will petition the court to receive the value of the services to be paid through the plan.

In re **Kevin Wilson Leafblad**
Jodi Michelle Leafblad

Debtor(s)

Case No. **19-26537**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)
(Continuation Sheet)

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

July 16, 2019

Date

/s/ ABRAHAM MICHELSON

ABRAHAM MICHELSON

Signature of Attorney

MICHELSON LAW OFFICE

P.O. BOX 67

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RACINE, WI 53401-0067

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amichelson@michelsonlawracine.com

Name of law firm

**United States Bankruptcy Court
Eastern District of Wisconsin**

In re **Kevin Wilson Leafblad
Jodi Michelle Leafblad**

Debtor(s)

Case No. **19-26537**
Chapter **13**

VERIFICATION OF CREDITOR MATRIX

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: **July 16, 2019**

/s/ Kevin Wilson Leafblad
Kevin Wilson Leafblad
Signature of Debtor

Date: **July 16, 2019**

/s/ Jodi Michelle Leafblad
Jodi Michelle Leafblad
Signature of Debtor